

MALIGNANCY WAIVERS

PROSTATE CANCER (ICD 9 185)

Revised March 2003

AEROMEDICAL CONCERNS: Growth of the prostate cancer into the urethra or bladder neck may result in obstructive or irritative voiding symptoms (e.g., hesitancy, urgency, nocturia, decreased force of the urinary stream, intermittency) that can interfere with aviation duties. Metastatic disease can occur affecting bony sites, especially the spine, with resultant impairment or incapacitation secondary to pain or paraplegia.

WAIVERS:

1. Initial (Class 1A/1W): Exceptions to policy will be considered on a case by case basis provided the applicant has undergone treatment and is at least 1 year out from therapy.
2. Initial (Class 2, 2F, 3, 4): Exceptions to policy will be considered on a case by case basis.
3. Rated Aviation Personnel (All Classes): Any stage and grade of prostate carcinoma is considered disqualifying. Ongoing treatment is also disqualifying. Waivers will be considered for individuals at least 6 months out from therapy provided the following conditions are met: (1) able to perform all duties without discomfort (2) regained full bladder continence (does not require pads) and has no other side effect of treatment affecting conduct of flying duties and, (3) has a post-op (for those undergoing prostatectomy) PSA less than 0.4 (usually performed 1-2 months after surgery).

INFORMATION REQUIRED: Complete AMS is required including:

1. Initial report of presentation.
2. Serial PSAs, including post-op PSAs.
3. Recent laboratory studies (u/a, renal function).
4. Bone scan/MRI if recommended by urologist (usually done if PSA >20, Gleason's grade 8 or higher, or clinically extracapsular disease on exam).
5. Surgical and pathological reports (histology/Gleason grade).
6. Chronology of therapy and results.
7. Remarks that patient is free of physical limitations, retains full bladder continence and functions without discomfort, and any medications in use.
8. Remarks concerning future follow-up including oncology or urology recommendations and tumor board results (if available).

FOLLOW-UP: Follow-up will be per urology/oncology recommendations; submit copies of reports and post-treatment PSAs with annual FDME/FDHS. PSAs should be done at the following intervals post-treatment 1,3,6,12,18,24,36,48,60 months.

TREATMENT: All forms of therapy are compatible with waiver. Present therapeutic options for the treatment of clinically localized prostate cancer include (1) watchful

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waiting/deferred therapy; (2) definitive local therapy, radical prostatectomy, and external-beam radiation therapy; or (3) investigational interstitial seed radiation therapy and cryosurgery. Each form of therapy is associated with undesirable risks and side effects.

DISCUSSION: Over their lifetime, 15 percent of the United States men eventually will be diagnosed with prostate cancer, three-fourths of whom will be diagnosed after age 65. A man in the United States has a 3 percent chance of dying from prostate cancer. Because many prostate cancers grow slowly, many men diagnosed with prostate cancer will die of other causes, especially men older than 65. Considerable debate is ongoing concerning the best mode of therapy for each particular stage of carcinoma of the prostate. The rational selection of treatment options often places the patient and treating physician in the dilemma of attempting to maintain quality of life while increasing the duration of survival. Many older men with carcinoma of the prostate have other co-morbid illnesses that may pose a greater threat than prostate cancer to their overall survival.

Prostate cancer rarely causes symptoms early in the course of disease because the majority of adenocarcinomas arise in the periphery of the gland distant to the urethra and other pelvic organs. The presence of symptoms as a result of prostate cancer suggests locally advanced or metastatic disease such as that which occurs from bony and neurologic involvement of the spine.

REFERENCE:

<http://www.nci.nih.gov/cancerinfo/types/prostate> , National Cancer Institute, Prostate Cancer Homepage

Goldman: Cecil Textbook of Medicine, 21st ed., Copyright © 2000 W. B. Saunders Company

Noble: Textbook of Primary Care Medicine, 3rd ed., Copyright © 2001 Mosby, Inc.